U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:



	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Troy Vincent	Name Nat'l Football League Players Assoc			
	Labor Organization File Number 065-533			
P.O. Box, Bldg., Room No., if any 6th Floor	P.O. Box, Building and Room Number, if any 6th Floor			
	San and a san a			
Street 2021 L Street, N.W.	Street 2021 L Street, N.W.			
City Washington	City Washington			
State District of Columbia ZIP Code + 4 20036	State District of Columbia ZIP Code + 4 20036			
5. Position in labor organization. President, Vice President				
Enter appropriate data below If, during the past fiscal year, you or your spou (except as specified in the exclus	se or minor child directly or indirectly had any of the following interests ions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization	erived income or other economic benefit of on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
A CO				
Signed	On 8-5-05 (202) 463-2200 Date Telephone Number			
Form Ltd30 (2003)	теернопе тчиние			

Name of Person Filing Troy Vincent		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Reebok International Ltd Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1895 J.W. Foster Boulevard City Canton State Massachusetts ZIP Code + 4 02021	9. Business deals with: X a. Labor Organiza b. Trust c. Employer	ition			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	\$1,000,000. It is this amount due to restraints. 11.b. Approximate dollar value.	of this dealing is in excess of difficult for me to ascertain time and confidentiality ue of such dealing. d or income received. and Other Apparel for Activities			
	12.b. Amount.	уулгурге претоднен адамия ин том долго голого положиваем положен голого			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	$w_{\alpha\beta\beta\rho}, v_{\alpha\beta}(q_{\alpha\beta\rho}(p_{\alpha\beta\rho} - p_{\alpha\rho} + p_{\alpha\rho}) = p_{\alpha\rho}(p_{\alpha\rho} - p_{\alpha\rho}) + p_{\alpha\rho}(p_{\alpha\rho} $			

Name of Person Filing Troy Vincent File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Electronic Arts Inc Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 209 Redwood Shores Parkway City Redwood City State California ZIP Code + 4 94065	a. Labor Organization b. Trust c. Employer	
10. If 0 h, or 0 c, is checked give trust or employer's name	11.a. Nature of such dealing.	WW. 17.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	Licensing Arrangement*	The state of the s
P.O. Box, Bldg., Room No., if any Street City	*The dollar value of this dealing \$1,000,000. It is difficult for m this amount due to time and confid restraints.	e to ascertain
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Video Games	
	12.b. Amount.	\$275

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Sony Pictures Entertainment Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10202 W. Washington Blvd. City Culver City State California ZIP Code + 4 90232	a. Labor Organization b. Trust c. Employer	
Construction of the Constr	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Licensing Arrangement	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	n velgetiittii välitti veensaja Paldi tuldi tuldi neeretti kun vähen on Tapan istaan aja marenista – 13. 13. 1 Nuoneestiittii välitti veensaja Paldi tuldi tuloneetti kun valtaan on Palain istaan aja tuloneesti on paltiista
exception and the translation of providing the problem of the indicate in planting and the second of the second of the indicate in the indicate of the indicate indic	12.a. Nature of interest held or income received.	
	Cash Residual for TV Appearance	
	12.b. Amount.	\$972